

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class E
Household Goods from Leroy
Williams II dba Advanced
Movers

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2015 - 11C - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Leroy Williams II

Telephone: 803-764-7186

Address: 2305 Carving Trail
Hopkins, SC 29061

Fax: 843-229-4884

Other:

Email: Leroywill22@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☒ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED

MAR 18 2015

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

[Handwritten signature]

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

Date: March 18 2015

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
Leroy Williams II dba

Advanced Movers

2305 Carving Trail Hopkins SC 29061

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-764-7186

Phone

FAX

Leroywill22@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

4. Applicant proposes to operate service as follows: (Check one.)

- ☒ Intrastate Only ☐ Interstate Only ☐ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month March Year 2015

<u>Assets:</u>	
Cash	1900
Receivables	3500
Real Estate	
Buildings and Equipment (Net)	4000
Motor Vehicles (Net)	5000
Garage Equipment (Net)	1500
Machinery and Tools (Net)	400
Supplies on Hand	700
Prepays and Other Assets	2500
Total Assets *	19,500
<u>Liabilities and Equity:</u>	
Accounts Payable	3500
Notes Payable	
Mortgages Payable	600
Equipment Obligations	6600
Accrued Salaries and Wages	300
Other Accrued Obligations	
Other Liabilities	1500
Total Liabilities	12500
Capital Stock	2500
Retained Earnings	4500
Total Equity	7000
Total Liabilities and Equity *	19500

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

2 guys - \$80/hr with 3 hr. minimum and .69/mile or \$59/trip
3 guys - \$100/hr with 3 hr minimum and .59/mile or \$49/trip
4 guys - \$125/hr with 3 hr minimum and .59/mile or \$49/trip

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

[illegible]

Progressive
P.O. Box 50739
Charlotte, NC 28251

LEROY WILLIAMS
2805 CHERRY LANE
MCKINNEY, TX 75069

PROGRESSIVE

Underwriting:
Progressive National Insurance Co
March 17, 2015
Policy Period: Mar 17, 2015 - Mar 17, 2016
Page 1 of 3
Quote Form number: 1-800-328-4104

Commercial Auto Insurance Quote

Dear LEROY WILLIAMS,

Thank you for your interest in Progressive.

We're excited about the opportunity to work with you. Below you'll find a quote that's custom-designed around your needs. Our goal is to give you the best and most competitively priced coverage for your business.

What you get

You get affordable rates, savings opportunities around safe driving and business experience, and nationally recognized claims service that helps you and your business on the road. Most importantly, you get the peace of mind that comes with Progressive's responsive, comprehensive approach to customer service.

By becoming a Progressive customer, you join a confident group of business owners who expect the most from their insurance company. You're important to us. That's why we're here for you 24 hours a day, seven days a week. Whether you need to update your policy, report or check the status of a claim, or simply ask a question, call us. Our number is 1-800-328-4104, or you can visit us at progressivecommercial.com.

How you get it

If you're comfortable with your quote, please call us any time at 1-800-328-4104 to purchase your policy. And thank you again for thinking of us. We hope we can serve you and your commercial auto needs.

Policy Information

Business type: Trucking For Hire
Sub business type: Household Drivers

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$9,458.00
Paid in full discount	-1,405.00
Policy premium if paid in full	\$8,053.00

Payment plans

Payment Method: 10 Payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment ID	Total premium	Initial payment	Payment
1 Payment, 16.67% Down	\$9,458.00	\$1,576.32	10 payments of \$799.49
10 Payments, 20.0% Down	\$9,458.00	\$1,893.20	9 payments of \$862.54
5 Pay, Seasonal, 20.0% Down	\$9,458.00	\$1,893.20	5 payments of \$1,534.06
10 Payments, 25.0% Down	\$9,458.00	\$2,365.00	9 payments of \$800.60
4 Pay, Seasonal, 25.0% Down	\$9,458.00	\$2,365.00	3 payments of \$2,376.00
Make payments by mail or at progressivecommercial.com . Each payment includes a \$12.00 installment fee.			
Summary:			
1 Payment, 16.67% Down	\$9,458.00	\$1,576.32	10 payments of \$799.49
10 Payments, 20.0% Down	\$9,458.00	\$1,893.20	9 payments of \$862.54
5 Pay, Seasonal, 20.0% Down	\$9,458.00	\$1,893.20	5 payments of \$1,534.06
10 Payments, 25.0% Down	\$9,458.00	\$2,365.00	9 payments of \$800.60
4 Pay, Seasonal, 25.0% Down	\$9,458.00	\$2,365.00	3 payments of \$2,376.00
1 Payment	\$8,053.00	\$8,053.00	None
OF:	\$9,458.00	\$9,458.00	None
2 Payments, 50.0% Down	\$9,458.00	\$4,730.00	1 payment of \$4,720.00

To purchase insurance

Please review the information on your quote for accuracy. Incomplete and inaccurate information could affect your rate. These rates are subject to reification of information. If you have any questions or would like to purchase a Progressive policy, please call me at 1-800-955-2886. Your coverage will begin once your initial payment has been received. Thank you for the opportunity to work with you.

Required drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Sex	Married	Years	Address
LEROY WILLIAMS	26	Male	Married	0	2805 CHERRY LANE MCKINNEY, TX 75069

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Discussion

Description	Limit	Details	Insured
Liability to Others			\$1,355
Auto Liability and Property Damage Liability	\$750,000 combined single limit		
Uninsured Motorist			89
bodily injury	\$25,000 each person/\$50,000 each accident		
Property Damage	\$25,000 each accident	\$100	
Comprehensive			421
See Also Coverage Schedule	Limit of liability less deductible		
Collision			610
See Also Coverage Schedule	Limit of liability less deductible		

Substantial policy premium in

Major Truck Corps coverage part

	Lease	Debt	Payoff
Initial cash outlay	\$1,000	\$150	\$850
Subsequent quarterly payments			\$975
South Carolina Unlevered Aftertax WACC			2
Total 12-month policy premium and fees			\$9,400

Related organizations

- ### 1. Household Goods Inventory

Auto coverage simplified

- 1. 2006 FOOD ESTD SLIPPER DUTY** Scaled Amount = \$8,700 (including Permanently Attached Equipment) - 2006 Food Estd Slipper Duty Code 2000L Tentative Of Excl's: 50 mg/kg
2006 Food Estd Slipper Duty Code 2000L Tentative Of Excl's: 50 mg/kg

Personnel use H body type: BodyStraight Truck Use class: H

	Rate	Rate	Rate
Liability			
Premium	\$7555	\$6	\$23
Physical Damage			
Comprehensive	\$421		
Collision		\$1,000	
Premium	\$1,000		\$616
Total			\$2,695

72. Lessee's stated amount should include its current retail value, including any special or personally attached equipment, in the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Please review all the information on your quote for accuracy. Incomplete or incorrect information could alter your rate, and rates are subject to verification. If you have any questions, please call us at 1-800-614-6194.

Non-Grading

Exhibit Fit, Willing, and Able (FWA)

Advanced Movers

Name

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

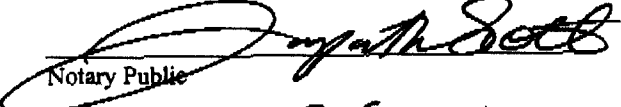
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Beaufort)

SWORN TO BEFORE ME
This 18 day of March, 2015


Notary Public
Commission Expires February 16, 2027

